

INTOXICATED DRIVER PROGRAM 2006 SUPPLEMENTAL FUNDING REQUEST

INSTRUCTIONS: Return completed request to your Area Administrator no later than November 22, 2006

Name – County		Name – Contact Person	
Reporting Period 2005			
I. EXPENDITURES (Actual)			
A. January 1, 2005 – December 31, 2005		\$	
II. REVENUES (Actual)			
A. Surcharge Collections January 1, 2005 – December 31, 2005		\$	
B. Third Party Collections January 1, 2005 – December 31, 2005		\$	
C. Client Fee Collections January 1, 2005 – December 31, 2005		\$	
D. Supplemental Funding January 1, 2005 – December 31, 2005 if applicable)		\$	
E. Total (Lines II.A. + II.B. + II.C. + II.D.)		\$	
F. Difference (line I.A. – II.E.)		\$	
Reporting Period 2006			
III. EXPENDITURES (Projected)			
A. January 1, 2006 – December 31, 2006		\$	
IV. REVENUES (Projected)			
A. Surcharge Collections January 1, 2006 – December 31, 2006		\$	
B. Third Party Collections January 1, 2006 – December 31, 2006		\$	
C. Client Fee Collections January 1, 2006 – December 31, 2006		\$	
D. Total (Lines IV.A. + IV.B. + IV.C.)		\$	
E. Difference (line III.A. – IV.D.)		\$	
V. SUMMARY			
A. 2006 SUPPLEMENTAL REQUEST (Line IV.E.)		\$	

Explain in the narrative if line III.A. DOES NOT equal line IV.D. If additional space is needed, attach a separate sheet.